



Mark Sanford  
Governor

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Director

Office of Licensure and Compliance

**SOUTH CAROLINA BOARD OF NURSING**

**DECLARATION OF PRIMARY STATE OF RESIDENCE  
FOR PURPOSES OF THE NURSE LICENSURE COMPACT**

*Faxed copies will not be accepted.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
(Is This A Change Of Address, Please Check:  Yes  No)

License #: \_\_\_\_\_ SSN \* \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

In accordance with §40-33-1350 of the S.C. Code of Laws, I hereby declare the following as my primary state of residence and that such constitutes my permanent and principal home for legal purposes. Compact rules and regulations will require each nurse to declare in writing his/her primary state of residence upon initial application and renewal of the nursing license. 'Primary state of residence' as defined by the Compact means the "person's declared fixed permanent and principal home for legal purposes; domicile". Sources of proof that boards of nursing may use to verify primary residence include, but are not limited to, **federal tax return, voter registration, or driver's license**. The Compact primary residence rule does not apply to military nurses or nurses in the federal government, unless they are working outside of their military or government position.

I declare my primary state of residence is: \_\_\_\_\_

I intend to primarily practice in the state of: \_\_\_\_\_

I currently practice in the following states:  
\_\_\_\_\_  
\_\_\_\_\_

I am in the military or federal government and I am currently licensed in \_\_\_\_\_ (state). I do not intend to work outside of the military or federal government.

By the signature below, I attest to the accuracy of the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed Declaration Form to S.C. Board of Nursing, Post Office Box 12367, Columbia, SC 29211. **Faxed copies will not be accepted.**

\* The disclosure of the social security number for identification purposes is authorized and mandated by state and federal statutes. The social security number is not subject to disclosure as public information.